## DECLARATION and POWER PRATTORNEY **ORIGINALLY FILED**

ATTORNEY'S DOCKET NO .: **PHNL000591 US** 

As a below named invenier. I hereby declare that:

My residence, post office address and citized hip are as stated below next to my name.

I believe I am the original, first and sole in which is claimed and for which a patent is sought on the invention entitled "Method and device for communicating a command"

the specification of which (check one)

					00/002020	
was filed on	05	November.	2001	as Application Serial No.	09/992920	and was amended or
				•••		(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by the amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

COUNTRY	APP. NUMBER	DATE OF FILING /	PRIORITY CLAIMED
		(DATE, MONTH, YEAR)	UNDER 35 U.S.C. 119
Europe	00203912.1	8 November 2000	YES

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1,56(a) which occurred between the filing date of the prior application and the national or PCT international Ming date of this application:

## PRIOR UNITED STATES APPLICATION(S)

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245

SEND CORRESPONDENCE TO: Corporate Patent Counsel;

**DIRECT TELEPHONE CALLS TO:** (name and telephone No.)

U.S. Philips Corporation; 580 White Plains Road; Tarrytown, NY 10591

(914) 332-0222

Dated:		Inventor's Signature:		
18 Decem	ber, 2001			
Full Name of Inventor	Last Name EVELEENS	First Name Jan	Middle Name	
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands	
Post Office Address	Street Prof. Hoistlaan 6	City 5656 AA Eindhoven /	State or Country Zip Code The Nøtherlands	
Dated: 18 December	er, 2001	Inventor's Signature:	· helist	
Full Name of Inventor	Last Name LOKHOFF	First Name Gerardus	Middle Name Cornelis Petrus	
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands	
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State or Country Zip Code The Netherlands	

•	_	2/2	<b>.</b>	
Dated: 19 Decemb	er, 2001	Inventor's Signature:		·
Full Name of Inventor	Last Name MAANDONKS	First Name Arnoldus	Middle Name Johannes Lucas Maria	
Residence & Citizenship	City Eindhoven	State or Foreign Country The Netherlands	Country of Citizenship The Netherlands	
Post Office Address	Street Prof. Holstlaan 6	City 5656 AA Eindhoven	State or Country The Netherlands	Zip Code
Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code
Dated:	<u> </u>	Inventor's Signature:		<u> </u>
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code
Dated:		Inventor's Signature:	•	
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code
Dated:	<u> </u>	Inventor's Signature:		
Full Name of Inventor	Last Name	First Name	Middle Name	
Residence & Citizenship	City	State or Foreign Country	Country or Citizenship	
Post Office Address	Street	City	State or Country	Zip Code